

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3171AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/17/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>A PRECIOUS GEMS ADULT CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1733 HUNTERS BLUFF DRIVE NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  Surveyor: 28381  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/17/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 7 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category II residents. The census at the time of the survey was 6. Six resident files were reviewed and 4 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.  The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training  NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.  This Regulation is not met as evidenced by: Surveyor: 28381	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1  Based on record review on 11/17/09, the facility failed to ensure that 3 of 4 caregivers received eight hours of annual training (Employee #1,#2, and #3 ).  Severity: 2 Scope: 3	Y 070			
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 11/17/09, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #4 - failed to provide evidence of having had a positive TB test).  Severity: 2 Scope: 3	Y 103			
Y 434 SS=C	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written	Y 434			

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Y 434	Continued From page 2  record of each drill must be kept on file at the facility for not less than 12 months after the drill.          This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 11/17/09, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule over the past 15 months. (All drills were held either at 9:00 AM or 10:00 AM).  Severity: 1 Scope: 3	Y 434			
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 11/17/09, the facility failed to ensure 1 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing	Y 936			

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Y 936	Continued From page 3  which affected all residents. (Resident #4 needs another two-step TB test).  Severity: 2 Scope: 3	Y 936			

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